

FIA-316, INCENTIVE PAYMENT REQUEST

INCENTIVE PAYMENT REQUEST State of Michigan Family Independence Agency				
<i>INSTRUCTIONS: This form must be completed for all Friend of the Court cases where the payee is an Aid to Dependent Children recipient and collection on her account has been made.</i>				
PLEASE PRINT OR TYPE				
1. CLIENT NAME - FRIEND OF THE COURT PAYEE (Last, First, Middle) <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>			2. FIA CASE NUMBER <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	
3. F.O.C. NUMBER <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>				
4. COLLECTION MONTH/YEAR <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	5. RECORD TYPE (Check one only) <input type="checkbox"/> A. Current support collection <input type="checkbox"/> B. Arrearage support collection <input type="checkbox"/> C. Current AND Arrearage	6a. CURRENT COLLECTION AMOUNT <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	6b. ARREARAGE COLLECTION AMOUNT <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	7. FEDERAL CONTROL NUMBER <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>
NOTE: Items 1 through 7 MUST be completed before incentive payments will be made to the client-payee or to the counties. Items 8 through 10 are to be completed for case control reporting purposes.				
8. PAYOR SOCIAL SECURITY NUMBER <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>		9. COURT CASE IDENTIFIER <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>		10. SUPPORT SPECIALIST NUMBER <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>
AUTHORITY: 45 CFR 302.14, 302.32, 303.52. COMPLETION: Is required. PENALTY: Incentive payments will not be made unless equivalent listing or tape is submitted.		AUTHORIZED SIGNATURE _____ DATE _____		
FIA-316 (Rev. 6-96) Previous edition may be used.		The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an FIA office in your county.		

INSTRUCTIONS

Form FIA-316, Incentive Payment Request, must be completed when a court ordered child or child/spousal support collection for an ADC recipient is remitted to the local DSS office. Completed DSS-316s must be provided to the local accounting unit within 3 days of receipt of a notice of a returned collection.

Item Number

Item Name and Instruction

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| 1 | Client Name. Enter the name of the DSS grantee, last name first. |
| 2 | FIA Case Number. Enter the 9-character ADC case number. |
| 3 | FOC Number. Enter "99"; do not enter the county code of the FOC or the FIA office. |
| 4 | Collection Month/Year. Enter the month and year (MM/YY) the collection was received at the local FIA accounting unit. |
| 5 | Record Type. Leave blank. |

- 6a **Current Collection Amount.** Enter the amount of the collection up to the amount of the current monthly obligation. To determine monthly obligations, multiply weekly obligations by 4.345 and biweekly obligations by 2.173.
- 6b **Arrearage Collection Amount.** If the returned collection exceeds the current monthly obligation, enter the excess amount.
- 7 **Federal Control Number.** For orders entered or filed in Michigan, enter the FIPS code of the Friend of the Court that is responsible for the support order. FIPS codes are listed in Appendix 2. For out-of-state orders that have not been assigned a Michigan court case number, enter "2600000."
- 8 **Payor SSN.** Leave blank.
- 9 **Court Case Indicator.** For orders entered or filed in Michigan, enter the court case number. For out-of-state orders that have not been assigned a Michigan court case number, enter the payer's name, last name first.
- 10 **Support Specialist Number.** Enter the 2-digit county number for the local DSS office.
- No # **Authorized Signature and Date.** Sign and date the form.